FAMILY CHILD CARE HOME INSPECTION REPORT

INSPECTION DATE/TIME/DURATION: 7/12/2021 1:15 PM
PROVIDER ID: 5578
REGISTRATION #: 26948
JURISDICTION:

INSPECTION TYPE	
	Initial Application
	Conversion
	Mandatory Review
✔	Full
	Complaint Investigation
	Monitoring
	Other

☐ Follow Up

AGES	Registered for	# Enrolled	# Present	Resident Children
0-23 Months	2	1	1	0
2's	● Y N	0	0	0
3's	● Y N	1	0	0
4's	● Y N	0	0	0
5's (pre-school)	● Y N	0	0	0
5-12 (school-age)	● Y N	2	1	0
TOTAL		4	2	
Overnight		0	0	XXXXXX
Head Start	XXXXXX	0	XXXXXX	XXXXXX

REGION: 5	Fatality: 0	Serious Injury: 0
EXCELS LEVEL: 1	COMPLAINT #:	

ACCREDITED: ☐ Y ● N	ACCREDITED BY:	EXP DATE:
HOMEOWNER'S INSURANCE COVERAGE: ☑ N/A ☐ Y ☐ N		EXP DATE:

BUSINESS NAME:

PROVIDER NAME:

DeLois Lee

CO-PROVIDER:

ADDRESS:

2726 Norbeck Road Silver Spring MD 20906

PERSONS INTERVIEWED:

DeLois Lee

TITLE(S):

Provider

TELEPHONE: (301) 924-5733	E-MAIL: mytwojacks@verizon.net ◔ Verified ○ N/A

PART 1 - MANDATORY REVIEW ITEMS

INSTRUCTIONS: (1) Review each regulation that applies to the inspection being conducted.
(2) The compliance status of an item listed under Part 2 may be recorded when deemed necessary.
(3) Initial/Resumption/Conversion/Full Inspection - Complete both Part 1 and Part 2.

C = In Compliance, D = Discussed, N = Not in Compliance, X = Not Inspected, NA = Not Applicable

C	.02.01D	Certificate Conspicuously Displayed	
C	.03.04A	Emergency Forms	
C	.03.05C-E	Notification of Changes	
C	.04.03	Child Capacity	
C	.05.03	Cleanliness and Sanitation	
C	.05.04	Rooms Used for Care	
N	.05.05	Outdoor Activity Area	
C	.05.06	Rest Furnishings	
N	.06.02	Training Requirements	
C	.07.01	Prohibition of Abuse, Neglect, Injurious Treatment	
C	.07.02	Abuse and Neglect Reporting	
C	.07.04	Child Discipline	
C	.07.07	Child Security	
C	.08.01	General Child Supervision	
C	.10.02	Potentially Hazardous Items	
C	.10.06	Rest Time Safety	

PART 2 – GENERAL COMPLIANCE REVIEW

INSTRUCTIONS: The compliance status of an item listed under Part 1 is excepted (exc.) from recording under Part 2.

C = In Compliance, D = Discussed, N = Not in Compliance, X = Not Inspected, NA = Not Applicable

CHAPTER 02 REGISTRATION APPLICATION AND MAINTENANCE

C	.03B	Continuing Registration
C	.04B	Conditional Status

CHAPTER 03 MANAGEMENT & ADMINISTRATION

C	.01	Advertisement

CHAPTER 03 MANAGEMENT & ADMINISTRATION, CON'T

N	.02	Admission to Care
C	.03	Program Records
C	.04	Child Records **[exc. A]**
C	.05	Notifications **[exc. C-E]**
NA	.06	Variances

PART 2 – GENERAL COMPLIANCE REVIEW, CON'T

INSTRUCTIONS: The compliance status of an item listed under Part 1 is excepted (exc.) from recording under Part 2.

C = In Compliance, D = Discussed, N = Not in Compliance, X = Not Inspected, NA = Not Applicable

CHAPTER 04 OPERATIONAL REQUIREMENTS

C ____.01 Hours of Care

C ____.02 Age Group Enrollment

CHAPTER 05 HOME ENVIRONMENT & EQUIPMENT

C ____.01 Suitability of the Home

C ____.02 Lead-Safe Environment

CHAPTER 06 PROVIDER REQUIREMENTS

C ____.03 Provider Substitute

NA ____.04 Additional Adult

NA ____.05 Volunteers

CHAPTER 07 CHILD PROTECTION

C ____.03 Applicability to Residents

C ____.05 Parental Access

C ____.06 Authorized Release

CHAPTER 08 CHILD SUPERVISION

C ____.02 Off-Site Supervision

C ____.03 Water Activity Supervision

NA ____.04 Overnight Care Supervision

CHAPTER 09 PROGRAM REQUIREMENTS

C ____.01 Activities

C ____.02 Materials/Equipment

C ____.03 Rest Periods

CHAPTER 10 SAFETY

C ____.01 Emergency Safety

C ____.03 Outdoor Safety

C ____.04 Water Safety

C ____.05 Transportation Safety

CHAPTER 11 HEALTH

C ____.01 Child Comfort/Welfare

C ____.02 Exclusion for Acute Illness

C ____.03 Infectious/Communicable Diseases

C ____.04 Medication Administration/Storage

C ____.05 Smoking

C ____.06 Consumption of Alcohol/Drugs

PART 2 – GENERAL COMPLIANCE REVIEW, CON'T

INSTRUCTIONS: The compliance status of an item listed under Part 1 is excepted (exc.) from recording under Part 2.

C = In Compliance, D = Discussed, N = Not in Compliance, X = Not Inspected, NA = Not Applicable

CHAPTER 12 NUTRITION

C ____.01 Nutrition/Food Served

C ____.02 Food Storage/Cleanliness

CHAPTER 13 INSPECTIONS, COMPLAINTS & ENFORCEMENTS

C ____.01 Inspections

NA ____.06 Emergency Suspension

Signature of Provider

Signature of Agency Representative

7/12/2021
Date

Patricia Harrell